

# OXYGEN THERAPY REQUISITION

**Orillia ProResp 210 Memorial Ave.  
Suite 126C Orillia, ON L3V 7V1**



**Please fax this form to:**

**Orillia: (705) 330-0144  
Midland & Area: (705) 730-0820  
Barrie & Area: (705) 730-0820**

**For after hours service please call:**

**Orillia: (705) 413-0202  
Midland & Area: (705) 315-8902  
Barrie & Area: (705) 730-0818**

## PATIENT INFORMATION

From: \_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

## CLINICAL O2 ASSESSMENT

Oximetry / Respiratory Assessment

## OXYGEN THERAPY INITIATION / PRESCRIPTION CHANGE

Oxygen Therapy at:  1 lpm     continuously  
 2 lpm     with exertion  
 3 lpm     nocturnally  
 4 lpm     palliative

\_\_\_\_\_  
 Maintain Saturations  $\geq$  90%

OTHER:

## REQUISITIONED BY:

Print Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_